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992 – Silicone axillary lymphadenopathy caused by gel hemorrhage with intact breast implants, mimicking occult breast carcinoma: a case report

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Introduction: Breast implant gel hemorrhage occurs when microscopic droplets of silicone diffuse across the implant surface, resulting in capsular contracture and immune responses related to breast implant illness. Diagnosis is crucial, as gel hemorrhage can resemble breast cancer, making accurate differentiation difficult.

Case report: A 52-year-old woman underwent augmentation mammoplasty with bilateral silicone implants 13 years ago. She had no breast complaints and underwent annual clinical and mammographic follow-up after excision of a complex fibroadenoma and clustered calcifications. The breasts were heterogeneously dense, without palpable nodules or contractures. The lymph nodes in the right axilla were palpable, firm, coalescent, and suspicious. Mammography showed bilateral retroglandular silicone implants without signs indicative of extracapsular rupture and dense lymph nodes in the right axillary extension. Breast ultrasound showed intact implants and multiple diffusely hyperechoic lymph nodes with a “snowstorm” sign, suggestive of gel hemorrhage. Breast magnetic resonance imaging confirmed implant integrity. A biopsy was performed for pathological examination, which was negative for neoplastic cells and showed foreign body giant histiocytes containing well-defined translucent nodular formations of different sizes, consistent with siliconoma. Currently, the patient is under clinical and imaging follow-up, with no signs of contracture or rupture of the prosthesis, and has refused any surgical intervention.

Discussion: Silicone-related lymphadenopathy can be suspected based on clinical history, mammography, ultrasound, and magnetic resonance imaging in patients with silicone implants, with diagnosis confirmed by histopathological examination. Excision is recommended for symptomatic patients, while it may not be necessary for asymptomatic patients; removal may be considered if the patient indicates a preference for it. This case highlights the importance of considering gel hemorrhage as a possible cause of silicone-related lymphadenopathy, even in intact silicone implants, since implant insertion is increasingly common, especially in post-breast cancer reconstructions, and gel hemorrhage within the lymph nodes clinically mimics occult breast carcinoma.

Ethics: Research Ethics Committee Approval (CAAE 61355422000005553).

Keywords: axillary lymphadenopathy; silicone; gel hemorrhage; occult breast cancer.